PTO/SB/17 (12-04Y2)
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FEE TRANSMITTAL
For FY 2005

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

	Complete if Known
Application Number	10/075,840
Filing Date	February 13, 2002
First Named Inventor	Kenneth E. ANDERSON
Examiner Name	J. Juba
Art Unit	2872
Attorney Docket No.	495812001400

[ ] Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($) 1,200.00

METHOD OF PAYMENT (check all that apply)

[ ] Check   [ ] Credit Card   [ ] Money Order   [ ] None   [ ] Other (please identify):

[x] Deposit Account   Deposit Account Number: 03-1952   Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[x] Charge fee(s) indicated below
[x] Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17
[ ] Charge fee(s) indicated below, except for the filing fee
[x] Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	FILING FEES Small Entity Fee ($)	SEARCH FEES Fee ($)	SEARCH FEES Small Entity Fee ($)	EXAMINATION FEES Fee ($)	EXAMINATION FEES Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)
40	-40 = 0	x	0

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
13	-7 = 6	x 200.00 =	1200

Multiple Dependent Claims	
Fee ($)	Fee Paid ($)
	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
-100 =	/50	(round up to a whole number) x	=	0

4. OTHER FEE(S)

	Fee Paid ($)
Non-English Specification, $130 fee (no small entity discount)	0
Other (e.g., late filing surcharge):	0

SUBMITTED BY

Signature	Registration No. (Attorney/Agent) 42,128	Telephone (415) 268-6368
Name (Print/Type) Robert E. Scheid		Date March 7, 2005

ef-1885910

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03/15/2005 LWISE1   00000001 031952   10075840
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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number: 10075846

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)		SMALL ENTITY TYPE ☐			OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS	35			RATE	FEE			RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA		BASIC FEE	370.00		OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS	35 minus 20=	15		X$ 9=			OR	X$18=	
INDEPENDENT CLAIMS	4 minus 3 =	1		X42=			OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT ☐				+140=			OR	+280=	
				TOTAL			OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
					RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	40	Minus	35	= 5	X$ 9=	45	OR	X$18=	
Independent	4	Minus	4		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+140=		OR	+280=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total	40	Minus	40		X$ 9=		OR	X$18=	
Independent	4	Minus	4		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+140=		OR	+280=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total	38	Minus	40	=	X$ 9=		OR	X$18=	
Independent	13	Minus	4	= 9	X42=	90.00	OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+140=		OR	+280=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.